

Treatment

Treatment for swan neck deformity can be nonsurgical or surgical. The approach your doctor uses depends on whether the PIP joint is flexible or stiff.

Nonsurgical

Successful nonsurgical treatment is based on restoring balance in the structures of the hand and the fingers. Aligning the PIP joint and preventing hyperextension should help restore DIP extension.

You may require professional rehabilitation. An occupational therapist addresses the imbalances that have formed the swan neck deformity. Stretching, massage, and joint mobilization are used to try and restore finger alignment and function.

Surgical Treatment

In cases where the balance cannot be restored to a tolerable limit with splinting, surgery may be required to reconstruct and rebalance the structures around the PIP joint. The surgeon releases, aligns, and balances the soft tissues around the PIP joint. the surgery may involve the skin (dermadesis), the tendons (tenodesis), or the ligaments (mobilization or reconstruction).

Surgery to repair the soft tissues that are contributing to the swan neck deformity carries a relatively high risk of failure to achieve completely normal functioning of the finger. All of the repair and reconstruction procedures are dependent on a well designed and rigorous exercise program following the surgery. An occupational therapist will work closely with you during your recovery.

Please be aware that this information is provided to supplement the care provided by your physician. It is neither intended nor implied to be a substitute for professional medical advise.

Call Your healthcare provider immediately if you think you may have a medical emergency.

Always seek the advise of your physician or other qualified health provider prior to starting any new treatment or with any questions you may have regarding a medical condition.



Irwin Army Community Hospital

Fort Riley, KS 66442

Occupational Therapy Clinic

Patient Information Handout

SWAN NECK DEFORMITY



Irwin Army Community Hospital

Occupational Therapy Service

(785) 239-7863

Consult Required

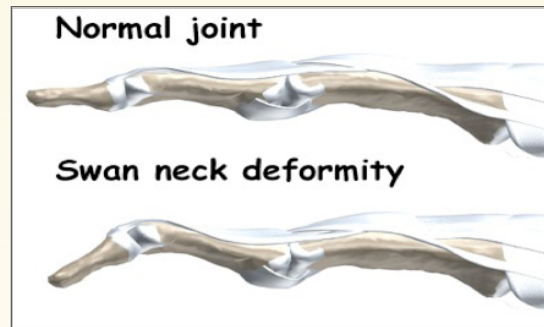


Swan Neck Deformity

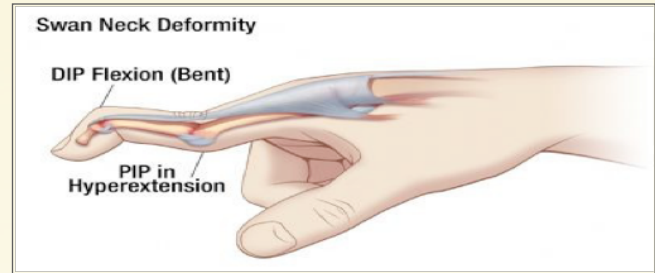
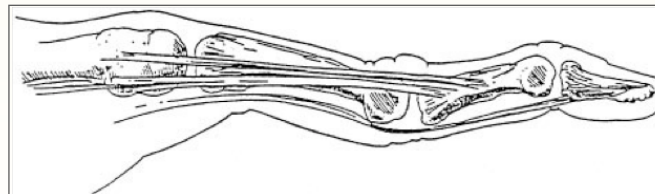
An imbalance of the flexion and extension forces of the finger, resulting in the characteristic deformity of flexion at the distal interphalangeal joint and hyperextension at the proximal interphalangeal joint.

Causes

A swan neck deformity describes a finger with a hyperextended PIP joint and a flexed DIP joint. Conditions that loosen the PIP joint and allow it to hyperextend can produce a swan neck deformity of the finger. Chronic inflammation of the PIP joint puts a stretch on the volar plate (the volar plate is a supportive ligament in front of the PIP joint that normally keeps the PIP joint from hyperextending)

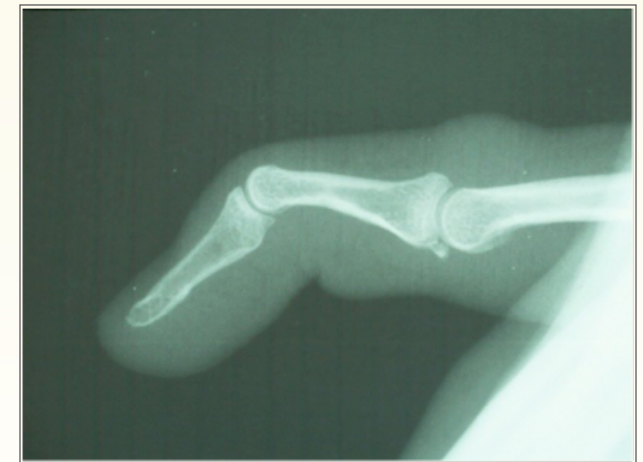


As the volar plate becomes weakened and stretched, the PIP joint becomes loose and begins to easily bend back into hyperextension. The extensor tendon gets out of balance, which allows the DIP joint to get pulled downward into flexion. As the DIP joint flexes and the PIP joint hyperextends, the swan neck deformity occurs. The finger bones and joints are shown here:



Diagnosis

Usually the diagnosis is evident just from the physical examination. An x-ray may be ordered so the doctor can check the condition of the joint surfaces, examine the joint alignment, and see if a fracture is present (as in traumatic finger injury). No other tests are normally required.



Reference:

A Patient's Guide to Swan Neck Deformity of the Finger. www.eorthopod.com